

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Nicholls AHMad

Write the full name of each plaintiff.

No.

(To be filled out by Clerk's Office)

-against-

State of New York City
Police Department 69th precinct

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

AHMad

First Name

Middle Initial

Nicholls

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

AHMad Nicholls #895-20-00760 NYSID #09077925N Doc:

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

O.B.C.C. 1600 Hazen Street East Elmhurst, NY 11370 D.O.C.

Current Place of Detention

1600 Hazen Street East Elmhurst, NY 11370

Institutional Address

Bronx

County, City

NY

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: N/A under protective order
 First Name Last Name Shield #

DETECTIVE
 Current Job Title (or other identifying information)

69 PRICINT KINGS COUNTY
 Current Work Address

KINGS NY 11234
 County, City State Zip Code

Defendant 2: Nicholas Gigante N/A
 First Name Last Name Shield #

Detective
 Current Job Title (or other identifying information)

69th pricint kings county
 Current Work Address

Kings NY 11234
 County, City State Zip Code

Defendant 3: Angela Crenshaw 1594
 First Name Last Name Shield #

Police officer
 Current Job Title (or other identifying information)

69th Pricint
 Current Work Address

69th Kings NY 11234
 County, City State Zip Code

Defendant 4: Marisa Louis-Jean 740
 First Name Last Name Shield #

Police officer
 Current Job Title (or other identifying information)

69 pricint
 Current Work Address

Kings NY 11234
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Kings County

Date(s) of occurrence: 11-11-20

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I Ahmad J. Nicholls has currently incarcerated Since December 11, 2020 for an incident that happen on Nov 11, 2020. I am being wrongfully accused of first degree attempted murder on an off duty police officer. I am the only person that suffered injuries. The same officer off duty shot me 2 times causing me to have two collapsed lungs, kidneys, liver, stomach ect, Surgery. The charges which was the top count of the indictment of first degree attempted murder on an off duty Police officer was dismiss on 7-7-22.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Two collapsed ~~lungs~~ lungs, Kidneys, liver, Stomach, Ect
Surgeries.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

3-Million Dollars punitive damages of Violation of Civil
Rights and or other relief the Court may deem.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS


By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>9-16-23</u>		<u></u>
Dated		Plaintiff's Signature
<u>AHmad</u>	<u>J.</u>	<u>Nicholls</u>
First Name	Middle Initial	Last Name
<u>1600 Hazen Street</u>		
Prison Address		
<u>East Elmhurst</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 9-19-23

Nicholls AHMad 895-20-00760
1600 Hazen Street
East Elmhurst, NY 11370

USM
DNB
Legal Mail

RECEIVED
SEP 20 2023

CLERKS OFFICE

10

500 Pearl Street

New York, NY 10007

United States District Court

Southern District of New York

200 BL

Retail



RDC 99

10007

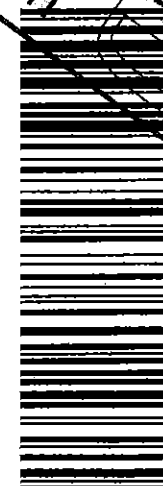


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